



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
**AFFIDAVIT OF PUBLIC SERVICE WITH AN ASRS
EMPLOYER INSTRUCTIONS**

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-2003
www.azasrs.gov

Other Public Service Non-participatory Eligibility Requirements

If you are actively contributing to the ASRS or are receiving long term disability benefits through the ASRS, you may purchase service credit for time you worked for an ASRS employer during which contributions to the retirement system were not withheld from your pay. This type of Service Purchase is called "Other Public Service Non-participatory." To apply, please fill out the attached *Affidavit of Public Service with an ASRS Employer*.

Note: Service that overlaps with previously earned time may not be purchased.

When to Use the Verification of Contributions Not Withheld (CNW) Form

Please refer to Page 2 of these instructions to see if you meet the criteria listed under **Section 3 – Contributions Not Withheld**. If you do, please ask the employer that did not withhold contributions to fill out the attached *Verification of Contributions Not Withheld* form (found at the end of this application).

Note: If it is proven that your employer erroneously did not withhold contributions but you have already received service credit from the ASRS for that period of time, the CNW calculation will increase the dollars in your member account as well as the amount of your recorded salary for that year, but will not increase your service credit.

If You Received a Return of Contributions

If you worked for an ASRS employer and have received a return of contributions, do not fill out this form. Please contact the ASRS to purchase this service credit as Forfeited Service.

If You Worked for a Non-ASRS Employer

If you worked for an employer that is not part of the ASRS, do not fill out this form. Please contact the ASRS for an *Affidavit of Other Public Service*.

In Filling Out This Form

Please remember to:

- Print and do not use correction fluid or alter the form in any way.
- Complete this form accurately and in its entirety. Otherwise, processing of this Service Purchase request will be delayed.
- Use a separate form for each employer.
- Gather your proof of employment because we may ask you to provide it in the future. **You do not need to submit proof of employment with this affidavit.**

SECTION 1 – Member and Employer Information

- Please fill in your personal information and use a separate form for each employer.
- Enter the name of the employer for the time you are trying to purchase (former employer). This would be the entity that issued your paychecks.
- Enter the name of a human resources or personnel contact person who currently works for your former employer. You can find phone numbers for human resources or personnel departments in the phone book or on the Internet. Then, call and get a current contact name.
- Please provide complete employer information. Processing will be delayed if any employer information is left blank or incomplete.

ARIZONA STATE RETIREMENT SYSTEM (ASRS)
AFFIDAVIT OF PUBLIC SERVICE WITH AN ASRS EMPLOYER

SECTION 2 – Employment Information

- **Fiscal Year:** The ASRS fiscal year begins on July 1 of each year and ends June 30 of the following year. You must break your employment history below into fiscal years. Enter the years during which you were employed by this ASRS employer.
- **Check Each Month Worked:** Place an X under the months when contributions were not withheld. If you worked at least one day in a month, you may check that month.
- **Did you work more than 20 hours for 20 or more weeks?** Place an X under “Yes” if this happened during that particular fiscal year. (If you check “Yes,” please see **Section 3 – Contributions Not Withheld** below.) Check “No” for the rest.

Example: If you worked December 1989 to September 1990, you would complete this section as follows:

Fiscal Year	Check each month worked.												Did you work 20 or more hours for 20 or more weeks?	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yes	No
1989-1990						X	X	X	X	X	X	X		X
1990-1991	X	X	X											X

SECTION 3 – Contributions Not Withheld

Complete this section only if you checked “Yes” for any fiscal year in Section 2.

If you worked 20 or more hours per week for 20 or more weeks in a fiscal year, your employer may have made an error and possibly should have withheld retirement contributions from your salary. To determine if this is the case, **you must provide documentation to prove hours worked and salary earned.**

Remember to:

- Check the box for the type of documentation you will submit with this affidavit to prove hours worked and salary earned, **or**
- Check the box next to the statement at the bottom of Section 3 if you are unable to provide sufficient documentation. This request will then be calculated as Other Public Service Non-participatory.

SECTION 4 –Statements of Understanding, Signature, and Notary

- Please carefully read and initial each statement of understanding to confirm your agreement. Without your initials, this affidavit will be returned to you, which will delay processing.
- The affidavit must be notarized and we will accept only an original signature.
- Photocopies or faxes will not be processed.
- If applicable, please attach Contributions Not Withheld documentation.

Contact Us

If you have any questions, please contact an ASRS Member Services representative by e-mail at contactus@asrs.state.az.us, or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.

ARIZONA STATE RETIREMENT SYSTEM (ASRS)
AFFIDAVIT OF PUBLIC SERVICE WITH AN ASRS EMPLOYER

Please print. Do not use correction fluid or alter this form in any way.

Social Security Number	Member Name (Last, First, Middle)
------------------------	-----------------------------------

SECTION 3 – Contributions Not Withheld **Note: Complete this section only if it applies to you.**

See instructions on Page 2 to see if this applies to you.

Please check one of the following:

- ☐ Verification of Contributions Not Withheld form (completed by the employer)
- ☐ Letter from employer including salary and hours worked per fiscal year

Or

- ☐ I do not have sufficient documentation to prove both hours and salary. I understand, therefore, that this request will be processed as Other Public Service Non-participatory.

SECTION 4 – Statements of Understanding, Signature, and Notary

Statements of Understanding

You must initial the following to indicate you understand and agree with each statement.

initials	I understand this transaction is subject to audit. If any errors or misrepresentations are discovered as a result of this audit, my total credited service with the ASRS will be adjusted as necessary. Any overpayment(s) will be refunded. I further understand, if an error or misrepresentation is discovered after I retire, any adjustments to my credited service will affect my retirement benefit. In addition, if payment for the purchase was made with pre-tax dollars and is returned to me, there will be tax consequences as a result of this refund.
initials	I understand any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes Section § 38-793.

Signature and Notary

Member Signature	Date
------------------	------

State of Arizona)
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____.

(seal)

Notary Public